MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER **AS FILED** AFTER 1"AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 -AMENDMENT. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>67</u> <u>36</u> TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL CLAIMS U.S. DEPARTMENT of COMMERCE PTO - 1360 (REV. 11/04)